

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. **103**Registered No. **79**

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____2. Full name of child Mary Lorraine Hall
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.3. Sex of Child To be answered ONLY in event of plural births. Female 4. Twin, triplet or other. _____ 5. No., in order of birth. Yes 6. Legitimate? Yes 7. Date of birth Oct 14, 1921
Month Day Year3. FATHER
Full name Mal A Hall
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.10. Color or race White 11. Age at last birthday 45 (Years)12. Birthplace (city or place) Lumberton N.C.
(State or country)13. Occupation Boiler Maker
Nature of Industry Copper Smelter20. Number of children of this mother. _____
(Taken as of time of birth of child herein certified and including this child.)21. Were precautions taken against ophthalmia neonatorum? YesI hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) _____ m. on the date above stated.
Signature Charles B. Hunsford
(Physician or midwife)Given name added from a supplemental report. _____
Month day year 483-1014-125
Registrar. Oct 17, 1921
Address. Hayden, Arizona
Filed 4572
Registrar.